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Lectures.

LECTURES ON DISEASES OF THE SKIN.

By M. HARDY, one of the Physicians to the Hôpital St. Louis, Paris, (special hospital for diseases of the skin.)

By R. Bolling, M. D., of Philadelphia.

In commencing the study of diseases of the skin, one is struck, first of all, by the great number of these affections and their infinite variety. Nevertheless, in the midst of this apparent confusion, there are common characters conspicuous, which serve as a point of departure, from which to group their affections after their resemblances or dissemblances. Among these common characters are, first, the forms of eruption, well marked and recognizable in different cases. These forms are particularly well marked in the commencement of the disease. They appear then with well-defined characters, which allow us to recognize and give to them a particular name.

These are called elementary lesions—the development, evolution and *mélange* of which, constitute the varied aspects of cutaneous affections. It is important to become familiar with these lesions, for they are of importance in making out a diagnosis. They have been well studied by Plenck, and more recently and thoroughly by Willan and his school. There are eleven elementary or primordial lesions.

I. Macules.—*Maculæ*.—They consist in an alteration of the pigmentary matter, either a deficiency or an excess which form spots, either flat or raised, of varied color, persistent and not susceptible of disappearance under pressure of the finger. These spots are very tenacious, and preserve always the same appearance—not changing, as do other elementary lesions.

They constitute rather deformities of the skin, than true disease, and are most often beyond the reach of science, as lentigo, vitiligo, ephelides, albinism, &c.

II. Exanthematæ—Consist of a diffused redness of a variable extent. This redness disappears momentarily under pressure, returning as soon as the finger is removed. The color presents several degrees of intensity, and goes on diminishing from its apparition to its final resolution. In disappearing, a desquamation supervenes, which differs, however, by its duration, from the scaly or squamous affections. In these latter, the epidermis dries and exfoliates incessantly, whilst in the exanthematæ the exfoliatian takes place only once, and often at the expense of the epidermis; but the epidermis, which is formed anew, in no condition or duration is detached.

Erysipelas, measles, scarlet fever, erythema, urticaria, etc., offer us examples of the exanthematæ. It has been thought that the exanthematæ were caused by a lesion in the capillary circulation of the skin, and that the redness was the result of a congestion. This does seem probable enough.

III. Vesicles.—*Vesiculæ*—Which are little accuminated elevations, transparent, of the size of the point, or at most, the head, of a pin, due to the raising up of the epidermis, and its distension by a clear, transparent and limpid serum.

These vesicles have different modes of termination; in the one case, the liquid is absorbed, the raised epidermis disappears, and in

the place of the vesicle, there remains nothing but a little yellowish spot, which disappears of itself in a short time.

In another, the vesicle breaks, the epidermis tears, and the serous liquid that it contained escapes; this liquid, although clear and limpid, is nevertheless very plastic, and it concretes in the form of crusts or scabs, which may renew themselves several times. If these scabs or crusts are prematurely detached by topical applications or otherwise, we find underneath them, superficial ulcers; or again, the vesicles may augment in size, the serum change into pus, and there results a veritable pustule. Vesicles are the ordinary elementary lesion of eczema, and some have wished to explain the formation of vesicles, by inflammation of the sudorific ducts, but the author of this theory, M. Cazenave, has brought up no anatomical proof to support this view; therefore it remains a simple hypothesis—of very little plausibility.

There exists everywhere among the medical profession too great a tendency to substitute hypothesis and theory for dissections and microscopical research. In practical medicine, it is better to avow one's ignorance on a point, than attempt to hide it by an hypothesis without foundation.

IV. BULLÆ—Are, properly speaking, nothing more than exaggerated vesicles; they consist in an extensive elevation of the epidermis—from the size of a hazel nut to that of a walnut, or even an egg, containing, likewise, a serous liquid. Like vesicles, these bullæ can terminate by absorption of the liquid—by ulceration or by transformation of the liquid into pus. In the same way that vesicles have been considered the result of inflammation of the extremities of the sudorific ducts, M. Cazenave and his school have looked upon the bullæ as dependent upon an inflammation of a large number of these ducts. Pemphigus is the type of the bullæ.

V. PUSTULÆ.—*Pustules.*—Little roundish tumors or elevations, formed by a raising up of the epidermis, by pus. Absorption is more rare in the case of pustules. They generally break, and the liquid concretes, forming yellow or brownish and thick crusts, which cover a roundish ulceration. Sometimes the ulcerations are small, approaching one another or confluent, as in impetigo—they are then called *psydracia;* sometimes, on the contrary, large and much inflamed, isolated and distinct, as in ecthyma—then they are called *phlyzacia.*

Pustules are found then in impetigo, acne, ecthyma, varioloid, &c. The anatomical school wished to attribute the formation of pustules to an inflammation of the sebaceous follicles. It is possible that certain pustules, as those of acne, are dependent upon an inflammation of these follicles; but it would be going much beyond proven facts, to wish to generalize and attribute the formation of all pustules to follicular inflammation. To disprove this, it is only necessary to cite ecthyma, which is often observed on those parts where the existence of sebaceous follicles is denied by the anatomists, as in the palm of the hand.

VI. PAPULÆ—PAPULES.—The 6th of the elementary lesions. They are little elevations, firm and accuminated, containing no liquid, but capable of secreting it, when the summit of these little papules have been excoriated by the nails or otherwise. *Strophulus, lichen, prurigo,* are examples. Papules have been considered by some as an affection of the nervous papillæ of the skin, on account of the accompanying itching; but in the absence of evident lesions of the papillæ, as recognized by dissections and the microscope, it is hard to convince oneself. The simple consideration of the itching does not suffice, for this symptom exists to a degree more marked even, in other affections not papulous; in eczema, for example, *it is often intense.*

VII. SQUAMÆ—*Scaly,* or *Squamous* affections, consist in an alteration of the nutrition of the epidermis, and are characterized by dry lamellæ of white or grayish scales, sometimes small, thin, and furfuraceous, as in pityriasis; sometimes large, thick, and overlapping one another, of a dirty white color, as in *psoriasis.*

Without fear, we can locate these scales in the epidermis.

VIII. TUBERCULÆ.—Tubercles, the eighth in order of the elementary lesions; they are rather inappropriately named, on account of the

ordinary pathological signification of the term. Many other names have been proposed. Tubercles are little globular tumors, hard or soft, appearing to be formed in the deeper layers of the derni. Sometimes they diminish little by little, by an insensible absorption, and thus disappear; then again they soften, ulcerate, and give rise to a loss of substance, both deep and extensive.

The eight preceding elementary lesions are the ones usually admitted, and constitute the classic elementary lesions described by Willan, Bateman, Biett, and his disciples. We believe that three more should be added, viz:—

IX. *Hæmorrhagic Spots.*—These consist in an effusion of blood from various causes in the tissue itself of the skin, forming red, violet, or such like spots, which do not disappear under pressure. Purpura is an example.

X. *The Altered Product of the Sebaceous Secretion*, which presents itself, it may be under the form of an oil spread over the surface, called by the French "*Acné sébacée fluenté*," or else under the form of concretions.

XI. In the eleventh and last class we arrange all the parasitical affections, vegetable or animal, (the acarus of itch, achorion of favus "*porrigo*," tricophiton of herpes tonsurans, sycosis, &c.,) in addition to the special character which the microscope enables us to recognize in each one of these parasites, the affections which are the result of them, also have forms, appearances and characteristics, which enable us to distinguish between them individually, and not confound them with other diseases of the skin.

We have now presented a tableau of all the elementary lesions, and, under one or the other of them, all the varied skin diseases may be classified. We repeat now, that the evolution and mélange of these initial lesions constitute the different varieties of cutaneous affections. In the commencing stage of the disease it is ordinarily easy to recognize the initial lesion, but later this is very difficult, and often impossible. The changing and intermingling of one or more of those elementary lesions constitute what, in the happy language of M. Devergie, he calls composite diseases. These composite forms are frequent in practice; the most common is eczema and impetigo.

This work of analysis, to which we have been devoting ourselves for the purpose of studying better the cutaneous affections, does not suffice, and does not convey a correct idea of this class of diseases. We will now look at our subject in a point of view altogether opposite. We will consider the affections of the skin in their *ensemble*, in order to arrange and classify them. This classification is indispensable, and its want with ancient authors is the cause of the obscurity which has existed for so long a time in the study of cutaneous pathology. The diseases were described without order, their name not well defined, the same name being often given to very different affections, and like affections, bearing often different names.

The classification and nomenclature of diseases of the skin is of recent date, and it was from the beginning of the attempt to classify that we commenced to understand better these affections, or what it would be more proper to say, it was after careful observation that it was first thought of classifying them. This manner of considering diseases of the skin in their ensemble, and as a basis of classification, has always been differently regarded by the different authors who have studied the subject. One of the first attempts towards a classification was by Turner in 1714. His idea was to classify cutaneous affections by dividing them into two great classes: 1st. Diseases of the scalp, or teignes; 2d. Diseases of the surface of the body, or dartres.

In France, among the people, there exists to this day a decided trace of this classification, for every disease of the scalp is for them a *teigne*, and every disease on the surface of the body a *dartre*. Later, in 1776, Plenck, a physician of Vienna, attaching an importance to the exterior aspect of diseases of the skin, divided them into 14 groups, but he was wrong in taking for a basis of his classification those alterations which are not all distinct lesions, and some of which are products only, phases of another lesion, as scabs; ulcerations, which are but the products of an inflammation

arrived at a certain degree. Nevertheless this classification, based on an analysis better made of the alterations observed on the diseased skin, ought to be considered as a progression, and be regarded as the true commencement of an anatomical classification. In 1777 M. Lorry, in France, attempted a classification of cutaneous diseases after the presumed nature of these affections. He divided them into diseases of the skin arising from an internal cause, and diseases from an external. Plenck ought to be regarded as the originator of the anatomical classification, and Lorry the author of a classification based on the nature of the disease. At the commencement of this century, Willan, physician to a dispensary of London, called anew the public attention to diseases of the skin, and he described with care the initial lesions of these affections, and proposed finally a methodical classification, which, like that of Plenck, was based entirely on the forms of the elementary lesion. This classification embraced the first eight classes that we have enumerated, viz: Macules, exanthemata, vesicles, bullæ, papules pustules, etc. The doctrine of Willan was developed and completed by his pupil, Bateman, and promulgated in France by Biett, and by his pupils, MM. Cazenave, Schedel, and Gibert. This anatomical classification of Willan had incontestibly a great advantage. It was the attainment of a sort of precision in the naming of each particular class of skin disease, thus giving to a diagnosis some degree of precision.

But along with the advantages, faults presented themselves, which have become more and more evident as we have advanced in the study of dermatology. First, he makes the initial lesion play a part too exclusive and too absolute, and he does not take into consideration sufficiently the complications and later developments. The elementary lesion is often of short duration. It exists one day and the morrow we can no longer recognize it. It may have disappeared, or else been modified. Further, in this classification diseases in every way alike, by their nature, are arranged in different classes, and often separated far from one another, whilst others, altogether unlike, are placed side by side in the same group. The last reproach that we will make against it, is the impossibility of drawing from the classification any therapeutic indication. These reproaches are so well founded in practice that MM. Cazenave and Devergie, of the Hôpital St. Louis, who had admitted for a long time the soundness of the classification, have now nearly abandoned it.

The classification of Willan had a wonderful success, but it was met by some of the distinguished men of France, by contest and dispute—prominent among them was Alibert, a former Physician in Chief of the Hôpital St. Louis, an eloquent professor and an ingenious author—he placed himself at the head of the opposition, and pointed out the inconveniences that we have spoken of, dwelling principally on the short duration of elementary lesions, and on their transformations, showing clearly the inconvenience of a classification founded on a single character, and he proposed another based on the ensemble of phenomena and on the general characters of the disease. He compared the anatomo-pathological classification to the systems of botanical classification established on the consideration of a single organ, and he tried to do for diseases of the skin, what *Jussieu* had undertaken with so much success in botany; and he had the pretention of wishing to build up a natural method of dermatological classification based on common characters of the disease, as cause, predominant phenomena, course, therapeutic indications, placing in the same class those diseases which in these respects had a resemblance. Unfortunately, Alibert presented his classification under a ridiculous form and changing the commonly adopted names, substituting others not harmonious, and difficult to pronounce.

He presented his classification under the form of a tree, which he called his "*Arbre des dermatoses,*" the trunk represented the skin, the branches the *genus*, the boughs the species, the twigs the varieties. This figure of a tree of dermatoses and the barbarous names employed, rendered ridiculous, and did much harm to the natural classification.

Gradually he was forgotten, and in the courses and in the classic works a more simple doctrine of elementary lesions was generally adopted.

But by degrees, as the study of diseases of the skin advanced and became more profound and serious, the insufficiency of the English classification in a practical point of view, was strongly felt, and the more devoted disciples of Willan and Biett deviated little by little from the method of their masters, and took up without acknowledging it, the natural method proposed by Alibert. This method was in fact the most philosophic, and permits us to arrange the diseases better according to their affinities and natural dissemblances; it is in fact the only true practical manner of arranging and classifying diseases of the skin, and the only one fruitful in therapeutic results. This is to say, that we adopt this basis of classification, and that we will consider diseases of the skin in this practical point of view, making short work of the details and variable anatomical appearance in the same affections, looking more after the causes, chief phenomena, and the therapeutic indications.

It is of comparatively little importance to us whether a cutaneous affection manifests itself by vesicles or pustules—the essential point for the true physician who wishes to cure it, is to know whether it is accidental or spontaneous. Whether it will disappear spontaneously at the end of a certain time, or whether it demands a specific treatment.

Looking over skin diseases in their "*ensemble*" after this manner—we believe that the first thing to do in commencing the study, is to classify them. We will propose, then, a natural classification, one which resembles in many points that of *Alibert*. We will arrange then, these diseases in 10 *classes:*

1. MACULÆ—*Deformities.*—This first class comprises a certain number of deformities of the skin, which are often congenital or hereditary, and which are placed accidentally only in the rank of diseases. In this category we find all the lesions of coloration, maculæ, freckles, ephelides, vitiligo, lentigo; certain tumors, as warts, molluscum, and we might add also, ichthyose and keloide. These lesions demand generally no medical treatment. If we wish to cure them when local, it must be by excision or caustic.

2. LOCAL INFLAMMATIONS.—These are as their name indicate, simple local inflammations, without any relation to the general condition whatever. There is sometimes in the commencement a little febrile action, very slight and ephemeral.

In this group we find erythema, urticaria, herpes, ecthyma, pemphigus, etc. The therapeutical indications in these affections is simple; antiphlogistics, local and general, suffice generally.

3. PARASITIC DISEASES.—In this class we have purely local affections, due to the existence of a parasite—animal or vegetable, as itch, sycosis, barber's itch, ringworm, favus. The therapeutic indication is precise; it rests entirely on the destruction of the parasite.

4. ERUPTIVE FEVERS—This class comprises affections which are not local, but which are due to the introduction into the system of some particular virus for each disease—scarlet fever, measles, small pox, etc. The eruption is preceded and accompanied by general phenomena more or less intense. In the treatment we must watch and combat the complications.

5. SYMPTOMATIC ERUPTIONS.—In these the eruption is but accessory and occupies a secondary place in the history of the disease; we place in this group herpes labialis, rose-colored spots of typhoid fever, sudamina and purpura. The treatment should be addressed to the principal disease.

6. DARTRES.—These depend upon a particular general condition of the economy which we call the *dartrous diathesis.* The dartrous diseases are eczema psoriasis, lichen pityriasis. In those constitutional diseases the necessity of a general and special treatment is evident.

7. SCROFULIDES—*Scrofulous Diseases.*—An important class, and due also to a special diathesis—the scrofulous; and we propose to call scrofulides all manifestations on the skin due to scrofula. Together with local applications, a general treatment for the diathesis is absolutely necessary.

8. SYPHILIDES.—Due to a syphilitic diathesis not necessarily hereditary, but ordinarily acquired. It is to Biett that we owe our first notions on these diseases; the treatment, that of syphilis.

9. CANCERS—*Cancer of the Skin.*—Of all the different forms of cancer that can affect the skin the most common is *cancroid.* The therapeutic indication is precise. The part of the skin affected ought to be excised or cauterized—our experience warrants us in preferring and recommending the caustic.

10. EXOTIC DISEASES.—In this class we arrange those affections which are not often seen in our climate, and which are seen only in those countries presenting climates entirely different from ours, lepra tuberculous, pyan, elephantiasis, etc. Such is the classification that we propose, and by the aid of which we expect to study diseases of the skin. Without further exposition one can see its advantages, after this method, in fact, having a cutaneous affection, and it being classified in one of our groups, we have at once an idea of its nature, prognosis and treatment. Thus if we have to do with an erythema or an ecthyma, diseases coming under our head of local inflammations—we would know that simple antiphlogistics, local and general, would suffice to cause its disappearance.

If the affection is parasitic, it is only necessary to destroy the parasite.

If the eruption is a dartre, or a syphilide or a scrofulide, the local means are only accessory, the general treatment should occupy the first rank. These examples suffice evidently to point out the practical importance of the divisions that we have proposed. By the aid of the doctrine of elementary lesions called the anatomo-pathological, we arrive at the diagnosis of diseases of the skin—but in taking these affections as we propose, we recognize them, and know too by the classification what means are best employed to treat them with success.

We learn that the Hon. Geo. P. Marsh, of Vermont, declines being a candidate for the Provostship of the University of Pennsylvania.

Original Communications.

Pathological Notes.

By CHARLES F. J. LEHLBACH, M. D.,
Of Newark, N. J.

I. *Case of Fatty Degeneration of the Liver, Heart, Kidneys, and Fatty Deposit in the Spleen.*—About the 26th of March, 1859, a specimen of urine was handed to me by Dr. J. A. Cross, of this city, with the request to submit it to examination, as he suspected Bright's disease. The patient was an exceedingly fat man, (æt. 58,) weighing between 250 and 300 pounds. His occupation for the last ten years had been that of keeping a "lager-bier" saloon, and that beverage had for several years formed the principal bulk of his diet. For a year past he had suffered more or less from different causes, principally dyspepsia and a mucous cough, but nothing definite could be learned, as he had not put himself under medical treatment. When Dr. Cross saw him first, about the middle of March, his cough was severe, expectoration somewhat difficult, sputa containing nothing but mucus, dyspepsia troublesome, acute pain, with some dullness on percussion on the right side, and some fever. In a few days the attention of Dr. C. was called to his urine, which was high colored, dark, almost chocolate.

Examination of Urine.—Specific gravity, 1010; on the application of heat and nitric acid it yields a very abundant precipitate of albumen; the microscope shows blood corpuscles, epethelial scales from the kidney, uric acid crystals, but *no* casts of uriniferous tubes, and *no* fat globules.

I gave my opinion to Dr. C., that the patient was suffering from Bright's kidney in the first (congestive) stage; that, though the adipose diathesis would tend to the fatty species of that disease, from the absence of any fat globules in the urine, I was inclined to believe that fibrous degeneration existed in this case. Dr. Cross saw him but once or twice afterwards, the patient refusing to take medicine. He was confined to his house, but still was able to stir about more or less.

On April 14th, early in the morning, imme-

diately after having used the night chamber, his dyspnœa had suddenly become much more severe. He called his daughter into the room, and asked her to go immediately for Dr. Cross. She did so, and returned with Dr. C. in about five to eight minutes. On entering the room, he was found lying on the bed, dead, with one leg hanging partially over the edge of the bed.

Autopsy, April 15th, 25 hours after death. *External appearances*—enormously fat; neck almost completely converted into chin; rigor mortis quite marked; dullness on the right side—evidently owing to effusion. *Integumentary section*—Adipose layer over abdomen, between two and three inches deep, in some portions more.

Thoracic Cavity.—Pericardium a little thickened, and almost completely covered by a layer of fat; no adhesions of pericardium, which contains about two ounces of clear serum. *Heart:* muscular substance pale, easily torn, not of normal resistance; valves healthy, cavities filled with fibrinous coagula, evidently post mortem; large vessels normal. *Pleura:* left side normal; right pleural cavity contains a considerable amount of serous effusion; membrane thickened, some recent diaphragmatic adhesions, easily broken up. *Lungs:* crepitating throughout, somewhat œdematous, otherwise perfectly healthy.

Abdominal Cavity.—Omentum immensely loaded with fat; no serous effusion in peritoneal cavity. *Liver:* decidedly Strasburghian, presents all conditions to make a *paté de foie gras;* color light brown, with a dirty yellow tinge; very much enlarged—in one word, fatty. *Kidneys:* enlarged, congested, but pale; cutical portion somewhat encroached upon; pelvis loaded with fat, held together by loose arcolar tissue; under the microscope the renal tissue throughout is found in a state of fatty degeneration; the fat cells and granules however, are not deposited upon the epithelial surface of the tubules, but on their outer wall and in their substance. About 15 grains of the cortical substance, macerated for five minutes in f℥i of sulphuric ether, yielded a droplet of oil nearly a line and a half in diameter.

Spleen was found in a curious state. Its whole upper surface was covered with some foreign deposit. This deposit was white, with a faint yellow hue. It occurred in isolated spots of different sizes, from a pin's head to a quarter of a dollar. The outlines of these deposits were irregular, except the smallest, which were perfectly spheroidal. On mere inspection, it looked more like tubercle than anything else. The deposit had a hard, resisting feel, something between cartilage and tendon. The deposit was so unlike fat, that this supposition was at once thrown aside. Was it tubercle, cancer, or atheroma? Between these three heterologous formations we thought to find it.

A close examination yielded the following result. This new substance is deposited between the two laminæ of the fibrous tunic, (tunica propria, t. albuginea lienis.) The fibrous tunic itself is hypertrophied, thickened and opaque. On making a transverse section through the thickest portion of the deposit, it is found to consist of three layers; first, the outer lamen of the fibrous investment of the spleen ⅓ to ½ a line in thickness; second, the new deposit presenting, by its different color, (white,) a marked contrast to the fibrous sheath, 2 to 3½ lines in thickness; third, the inner lamen of the tunic, the same as the outer.

A portion of the *middle* layer, or the new deposit, taken out for further examination, presented the following characteristics: firm, almost hard, like *wet leather*, cannot be crumbled, nor mashed between the fingers.

Microscopical Examination.—Settles the question; fat cells, fat granules, fat globules all over, and nothing else. The fat cells are smaller than those of the integument, and their walls more compressed, giving them a more hexagonal appearance. They are also more nucleated than usual.

The deposit does not extend into the malpighian capsules, nor the trabecules.

Remarks.—This case presents to me the following points of interest:

1. The extreme fatty dyscrasis, manifesting itself in fatty degeneration of the heart, liver and kidneys, and fatty deposit in the *fibrous investment of the spleen.*

2. The absence of fat globules in the urine, notwithstanding the extensive fatty degeneration of the kidneys. The examination was made carefully and thoroughly, under about 450 magnifying power. Dr. R. E. Van Gieson, who also examined the specimen, did not succeed in finding any. I account for this by supposing that the degeneration had not far enough advanced to involve the inner or epithelial walls of the tubules. This supposition is borne out by the microscopical examination of the renal tissue.

3. The curious condition of the fatty deposit on the spleen. Its solidity and unusual hardness and compactness must be explained by the position in which it was found. Imbedded between the two laminæ of the fibrous tunic, which became thickened and hypertrophied, probably in consequence of and in proportion to the advancement of the deposit, it seems obvious that the latter was subjected to considerable pressure, to which is added the periodical engorgement of the organ which would exercise additional pressure upon the deposit.

4. The sudden death of the patient. Unfortunately, no examination of the brain could be made. But it is a fair presumption that the fatty degeneration extended to the vessels of the brain, which resulted in rupture and sufficient extravasation of blood to cause instantaneous death.

BIOGRAPHICAL NOTICE OF THE LATE FREDERICK S. GIGER, M. D.

By D. Hayes Agnew, M. D.

To die is one of the absolute necessities of our race, and when the message comes to the man of advanced life, full of years and of honors, there is something so natural in the change that the stroke falls with diminished force; but when the summons calls from our midst one in the very vigor and strength of his manhood, with all the hopes, aspirations and ambitions of genius irradiating the perspective of life, we have an instinctive feeling of violence in the disruption of such ties. It is in such cases that the consolations of revelation come in to reconcile us to the mysterious but wise dealings of the Great Disposer of events, whose ways are often a great deep. Under such circumstances, it affords a melancholy pleasure to give a temporary reanimation to the sepultured dust by recalling those salient points of character which conferred personality when living. With such motives, these few lines are inscribed as a tribute to the memory of a professional brother.

Frederick S. Giger, M. D., was born in the city of Philadelphia May 14th, 1820, but at an early age removed with his parents to Baltimore. His elementary studies were pursued in the academical department of the University of Maryland, after which he entered Princeton College, New Jersey, where he graduated with honor in 1840. During his pupilage in that venerable institution, he took a high position among his fellow students, commanding, at one period or another of his college life, every post of honor or distinction in the gift of the Cliosophic Society, of which he was a member. After having completed the curriculum of college study, he turned his attention to the profession of medicine, which he prosecuted in the medical department of the University of Maryland, and, after receiving the honors of this institution, entered upon the active duties of a practitioner in the city of Baltimore, conducting at the same time a course of office instruction to students in medicine. Having within himself all the elements of a scientific physician and gentleman, his success was no problem, and accordingly very soon he was in the midst of a large and influential practice, with an office thronged with admiring pupils. After seven years of untiring application and more than ordinary devotion to the interests of his patients, with a mind always in a blaze of activity; reaching out into every avenue of knowledge and exploring every vein of scientific truth, his physical constitution, by no means naturally robust, began to decline, and a sudden hemorrhage from the lungs arrested him in the midst of his cherished pursuits. Well convinced of the serious consequences which such an occurrence foreshadowed, he left the scene of his professional labor and

removed again to Philadelphia. Under this temporary withdrawal from fatigue, care and anxiety, his health so far recruited that he was induced to accept the chair of surgery, which had been tendered him in the Philadelphia College of Medicine. For two years he continued to discharge the duties incident to that post, until a recurrence of his pulmonary trouble again drove him into retirement. From that time forward, until the period of his death, (April 20th, by consumption of the lungs,) his life was characterized by the changes and vicissitudes of respite and attack which ordinarily attend the invalid the world over.

As a physician, Dr. Giger was more than ordinarily successful and popular. His extreme affability and kindness, accompanied by a decided, straight-forward manner, secured the affection and inspired the confidence of all with whom he came in contact.

In the capacity of teacher he was eminently successful. His lectures were marked by erudition, elegance of style, and replete with sound practical sense.

As a scholar, his acquirements were varied and extensive. With the ancient languages he was thoroughly conversant. His thesis presented to the faculty of the University of Maryland for the degree of doctor of medicine, presents us with an evidence of both scholarship and research. It was written in latin, and entitled "*De Systematis Nervosi Physiologiæ Historiâ.*" To these solid acquisitions he added the graceful accomplishments of music, painting, and modern language. As an evidence of the respect entertained for his learning, I may be allowed to extract a few sentences from a letter by Prof. Henry, of the Smithsonian Institute: "In addition to high standing in his class on account of general scholarship, he was particularly distinguished in physical science. Since his graduation at Princeton, I have been on terms of almost constant communication with him, and I am free to assert that I am acquainted with no person of his years. who, in my opinion, has made more extensive acquisition in the science of his profession, or who promises more to distinguish himself as a successful practitioner." No man, indeed, could be more happily constituted to win his way to popularity. Naturally elegant in his manners, affectionate in disposition, open, free, and accessible at all times, with an unbounded flow of animal spirits and wonderful conversational powers, he enjoyed the social amenities of life with more than ordinary zest.

His last illness exemplified in no ordinary degree both the master element of his mind and the power of a religious faith. When a physical exploration of his chest was made by his medical attendants, he would detect with unerring accuracy any modification which marked the progress of his disease, and frequently repeat them for himself; and if any anomalous symptoms occurred, it was curious to mark the logical precision with which he would analyze and trace them to their proper cause. He had long enjoyed the spiritual instructions and influence of his uncle, Rev. Dr. Musgrave, a gentleman alike distinguished for his piety and his learning, and also that of his brother, Prof. Giger, of Princeton College, and on several occasions it was the privilege of the writer to listen to such expressions of childlike and hopeful trust as can only come from one who has felt the consolations of a genuine faith. "I must sleep," said the dying man, and without a struggle he closed his eyes in death.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

Peritonitis.—A young man of about 25 years of age, was brought to the Hospital, who, upon examination, was found to be laboring under peritonitis.

The position most grateful to him was upon his back, with his limbs slightly flexed upon his body. His countenance wore a peculiar, anxious expression, as that of one who was suffering great pain or was in constant dread of some impending danger. Upon approaching the patient he almost instictively drew himself back, as if anxious to avoid being touched.

Upon the lower portion of the right side of the abdomen he located the sharp, lancinating pains

that the above symptoms would lead one to suspect. A chill preceded, and a fever accompanied the local manifestation of symptoms.

Peritonitis is not always accompanied by pain, and like pleurisy—an inflammation of a serous membrane also—may pursue its course without at any time giving rise to the sensation of pain.

Dr. G. remembers the case of a man who was run over by a cart, and in consequence was seized by an attack of peritonitis, of which he died—and who, nevertheless, at no time complained of pain.

Upon percussion, the abdomen affords a tympanitic sound, except around the seat of pain where there is a decided dull sound. There is no doubt effusion into a circumscribed portion of the peritoneum, which belief is strengthened by the fact that in this region there is enlargement of the abdomen visible, and fluctuation perceptible.

The patient then affords an instance of *local peritonitis* occurring in the region of the cœum.

Local peritonitis generally obtains in the cœcal region—and is most frequently due to the lodgment of matter in the vermiform appendix. A circumscribed peritoneal inflammation may also result from interruption of the passage of the contents of the bowels, or again, as in typhoid fever, from perforation of the bowel.

Treatment.—A tablespoonful of sweet oil every 3 hours, together with 3 drops of laudanum; every 2 hours a powder, consisting of calomel, opium and ipecac.

The sweet oil is given in consequence of being a very mild laxative, and at the same time not so disagreeable in its action and taste as castor oil.

The calomel, opium and ipecac., are given to allay fever, promote the action of the skin, and to counteract the inflammation.

Under this treatment the patient has steadily improved.

Paralysis.—A young man, presenting the appearance of one in good health. About a week ago he complained of fatigue and lassitude, which was followed by a gradual loss of power in his limbs. At the present time there is loss of power on the right side of the face, and a partial loss of power of all his limbs, but particularly of the lower extremities. There has been no giddiness and but very little febrile excitement; the intellectual faculties are not in the slightest degree impaired.

This is a case then of paralysis, and of hemiplegia, probably depending upon a slight congestion of the spinal marrow at the very base of the brain.

Before admission into the house, he was very properly cupped. His treatment now consists in the administration of a mild, unstimulating diet, and in the keeping of his bowels in an open condition by the administration of saline laxatives. At the commencement of the treatment blisters were applied to the back of the neck.

The patient is improving, and hopes of a complete recovery are entertained.

Gangrene of Lungs.—This patient already so often alluded to was again brought into the amphitheatre to show the progress of the disease. During the last few days he has not been so well, as his disgestive powers have failed. Impairment of the appetite in gangrene of the lungs is a very serious complication, inasmuch as the main object of the treatment is to build up the patient's strength in order to enable nature to limit the disease. This derangement of the stomach in the present instance is, no doubt, due to the patient swallowing some of the gangrenous expectoration.

There is, however, an improvement in one respect, namely, a diminution of the frequency of the respiratory movements. This indicates that the congestion around the diseased spot is being removed.

In addition to the medicines he has already been taking, he was ordered the elixir of cinchona, which acts as an excellent tonic.

Scurvy.—Three cases of scurvy were shown, contracted during a voyage around Cape Horn; the patients, sailors upon the same vessel, state that their voyage lasted three months and twenty days, during which time their diet consisted of bread and water, and salted meat; a daily allowance of lime juice was also made.

Case 1st. His strength gradually diminished, and when within sight of his native land, he was not able to move about upon the decks. At the present time his gums are swollen, and of a reddish dark hue; he has shown no eruption upon or œdema of the feet.

Case 2d. Characteristic of the disease to a marked degree. About 19 years of age; countenance anxious and haggard, giving an old look to the patient; gums red, swollen and puffy; and there is an eruption upon his legs, consisting of patches of a reddish blue color; the limbs are also much swollen; pulse a little more frequent, but more feeble than natural.

Case 3d. Very marked blotches or discoloration of the limbs; they do not disappear on pressure; gums affected in a manner similar to the other two, except that there are a number of little white patches, consequent upon the exudation of fibrin.

The cause of the disease is undoubtedly a deficiency of fresh food, particularly of vegetable food; these men, it is true, were supplied with lime juice, but the lime juice had either deteriorated, or was not furnished in sufficient quantity.

Treatment.—Similar to that of the case of scurvy reported last week.

Dr. Gerhard, after announcing that his term of service ended upon the 30th of April, gave the following list of cases attended during the last three months, together with the result of the treatment:

DISEASES.	Cured.	Relieved.	Discharged by request.	Remain.	Died.
Phthisis,		3	5	5	6
Pneumonia,	3			2	2
Pleurisy,	2			1	
Bronchitis, acute,	5		1		
" chronic,	1	1		3	
Endocarditis,		2		1	
Pericarditis,	1				
Hypertrophy of Heart,				1	1
Aneurism of Aorta; (tho.)		2			1
" " (ab.)					1
Gangrene of Lungs,				1	
Ossification of Valves,				1	
Laryngitis, or Pharyngitis	3			2	
Tonsilitis,	1				
Gastritis,	1				
" (chronic,)				1	
Gastrodynia,		1		1	
Dyspepsia,		1			
Dysentery, (chronic,)	2			2	
Worms,	1				
Splenitis,	1				
Peritonitis,				1	
Albuminuria,	2				
Apoplexy,					1
" Serous,					1
" Traumatic,					1
Cephalalgia,	1			1	
Epilepsy,				1	
Tumors of Brain,					2
Hemiplegia,	1				
Paralysis,				2	
Chronic Myelitis,		1			
Neuralgia,	2				
Amaurosis,		1		1	
Metritis,				1	
Leucorrhœa,		1			
Amenorrhœa,		11		1	
Hysteria,		1	1	3	
Ovarian Dropsy,					1
Anemia,	4			1	
Scorbutus,				4	
Erysipelas,	1				
Rheumatism,	10	4		12	
Syphilitic Rheumatism,		1		1	
" Nodes,	1				
Typhoid Fever,	5			2	
Intermittent Fever,	10				
Œdema after intm. fever,	1				
Anasarca,	1				
Chorea,	1				

Service of Dr. Neill.

APRIL 23.

Injury to the Skull.—This patient, when brought to the Hospital, had a lacerated wound of the scalp, and upon examination there was found a depressed fracture of the external table of the skull for the space of half an inch. The injury was the result of a direct blow—the kick of a horse. The wound was carefully washed and the soft parts adjusted, and retained in place by a strip of gauze coated with collodion. It is hoped that the wound will unite by first intention; fragments of the skull often unite with great rapidity, independently of the formation of callus.

The first night after the injury the patient was very restless, but last night he slept well; his intelligence is not impaired, and his pulse normal.

No other treatment will be pursued, unless other symptoms should present themselves. If inflammation in and around the wound should occur, the present application will be removed and a poultice applied.

Post Mortem.—Gunshot wound of the Skull.—A young man who had been condemned to death, but to whom executive clemency had recently been extended, received a gunshot wound of the skull last Saturday night. When I first saw him, he was lying upon his side, his eyes closed and a perspirable skin; color natural; pulse 48. He was delirious and restless when roused, though he answered many questions promptly and correctly.

The scalp over the temporal region having been shaved, two wounds, about 2¼ inches apart, were visible; the skin between the wounds was somewhat puffy and discolored; the anterior wound was lower in position and smaller in size than the posterior. Such wounds with such symptoms indicated a serious injury. To expose the fracture I laid open the skin temporal fascia and muscle between the two wounds, when a large clot with brain substance poured out, followed by great hemorrhage which issued from a perforation through the bone; this hemorrhage was so profuse that I actually had to close the hole with my finger to serve as a temporary check. Upon consultation it was decided to trephine.

A gunshot wound of the skull is almost invariably accompanied by fracture of the internal table, and though the external wound may be small, the internal table may be extensively splintered.

The operation was performed amid struggling and delirium, and after the trephine had been applied partially over the orifice and a button of bone removed, the hemorrhage was found to proceed from a large branch of the meningeal artery; a depressed fragment of bone was raised, when it was discovered that the membranes of the brain were torn and a fragment of bone, together with some bone dust, had been carried into the brain substance.

After the operation the water dressing was applied and the patient placed at rest in a room, alone and with the windows darkened; his condition was much improved, there was less restlessness and the

pulse was more frequent. Sunday night he slept well and answered questions; Monday, gave correct answers, but his pulse was not so good, and he seemed feeble. On Tuesday he became restless and delirious, and early Wednesday morning he died.

At the first examination of the patient I suggested that the ball had split against the sharp edge of the bone, and on examination after death, after a laborious search, a portion of the ball was discovered driven into the brain; it is irregularly flattened and grooved upon the one surface where the serrated edge of the bone impressed the ball; it weighed 17 grains. A piece of the internal table, about three-quarters of an inch square was found after death, close to the wound, where it was probably driven by the pulsations of the brain.

Here is the calvaria; and upon examining it externally you see an opening one inch long, one-third of an inch wide, obliquely crossing the squamous suture. The anterior extremity of the opening is in the temporal bone, and here the bone is crushed and ground, but the posterior extremity is in the parietal bone, and here the edge of the bone is sharp. The interior of the skull shows the reverse, proving that the ball passed obliquely from without inwards, as well as from before backwards, and from below upwards.

And what are you to learn from this case?

1st. Symptoms of a wounded brain are not those merely of concussion and compression. They vary with the part injured—in this instance the anterior lobe of the cerebrum above the base; hence he was able to speak, which would not have been the case had the base been ploughed up.

2d. The necessity of trephining in gunshot wounds of the skull and brain, for the removal of depressed fragments of both tables, or bullets; for arresting hemorrhage and preventing compression by the formation of clots.

3d. A ball however small or obliquely fired may be split, and a part escape through an orifice of exit in the scalp, and a part tear up the inner table and membranes, and bury itself at a great distance from the entrance.

4th. The danger of such wounds, and the fatality. Almost all die. A few live—rare exceptions—and even these have often fallen dead suddenly.

Operations—Two cases of Tumors of the Breast.—Tumors of the breast are of frequent occurrence, and often present great difficulties in regard to their diagnosis and the consequent prognosis.

Mammary tumors are divided into the two great classes of non-malignant and of malignant; in the first class we include the inflammatory enlargement, the enlaregment designated as hypertrophy of the mamma, and also the chronic mammary tumors—the adenoid or common breast tumor.

Case 1st—Affords an illustration of a non-malignant tumor of the last mentioned kind. The patient is a healthy looking young woman, who asserts that the tumor has been in her breast for three years, remaining almost stationary as regards its growth, but that since a recent confinement it has rapidly increased in its dimensions. The tumor is moderately hard, very movable, nodulated, and irregular in shape; the skin is of its natural color; the nipple is not retracted.

An incision was made over the tumor, and the growth rapidly enucleated. It was of a pearly-white color and attached by a pedicle to the gland.

Case 2d.—A colored woman, about 55 years of age, has had the tumor for two years; the growth is much larger than the other, of a stony hardness, involving almost the entire gland, and presents all the characters of cancer.

Two elliptical incisions were made around the tumor, and the mass with the superjacent tissues dissected out.

April 27.

The new method for the radical cure of Hydrocele.—The patient with hydrocele of the tunica vaginalis and the cord so frequently alluded to in former reports, was again brought before the class. The hydrocele of the cord, it may be remembered, was positively diagnosed and cured at one and the same time, by cutting down upon the enlargement; the hydrocele of the tunica vaginalis, however, has returned a number of times, notwithstanding frequent tapping and the injection of the tincture of iodine.

Dr. Neill resorted to-day to the operation recently introduced by Dr. Simpson, namely to tap the hydrocele and introduce through the sac of the tunica vaginalis a metallic wire; in other words, to maintain in this situation a metallic seton.

Swelled Testicle.—This case presented another enlargement of the scrotum, but of a very different nature, it affords an instance of enlargement of the testicle. The laterally compressed form of the gland, the swollen epididymis are very perceptible: this enlargement has not been accompanied by pain; the swelling is uniform, soft, and elastic; the patient has had gonorrhœa since last September, which at times was almost cured under treatment, but would speedily return upon the slightest excess.

This is a common affection, known as orchitis.

There is a very erroneous doctrine prevalent in regard to the relation between gonorrhœa and orchitis; it is supposed that by some mysterious power a metastasis of the gonorrhœa takes place with the testicle; in opposition to this view, I would state that there is a direct communication between the urethra and the ultimate tubules of the testicle, and the inflammation can traverse

the entire tract of mucous membrane; there is therefore in these cases a direct propagation of the inflammation along a continuous surface. This fact will also explain why the orchitis appears so often as the gonorrhœa subsides; for it is a mere question of time, a certain period must elapse before the inflammation can reach the testicle, and during this time the urethral gonorrhœa may have pursued its course.

In the treatment the same principles must guide us as in treating the acute gonorrhœa; after the inflammation, however, has subsided, the testicle will be still enlarged in consequence of plastic effusion that may have occurred; to further the removal of this, the testicle must be uniformly and moderately compressed by the application of strips of adhesive plaster, somewhat in the manner of the bandage of Scultetus.

Hemorrhage from deep Ulcer of the Penis.—This man entered the hospital in consequence of losing enormous quantities of blood from the penis. The prepuce was greatly swollen and phymosed. The prepuce was slit up, and the true source of the hemorrhage found; there was upon the lower surface of the gland a deep excavated ulcer, which had eaten away the frænum, and laid open the urethra.

The patient, said he, had gonorrhœa, but under treatment was almost entirely relieved of the disease, when a profuse hemorrhage from the penis took place. After a time this was checked, but again returned to be again checked and to return.

The cause of this hemorrhage was the ulcer, and yet it is remarkable, that before the slitting up of his prepuce he did not suspect this condition of the parts; the ulcer having eaten so deeply without causing the patient more than a slight uneasiness.

I do not think that this ulcer is syphilitic.

To arrest the bleeding, the ulcer was freely touched with the nitrate of silver. If there should be a renewed loss of blood, the powerfully astringent tersulphate of the sesquioxide of iron will be applied; this is the preparation of iron that is kept by the apothecaries to prepare the hydrated oxide of iron, by the addition of an alkali.

As this ulcer heals, great care will have to be taken to guard against contraction of the urethra.

[The remainder of the report of this clinic will appear next week.]

We learn from the *New York Medical Press* that Drs. C. R. Gilman and B. F. Barker, have resigned their respective chairs as Professors of Obstetrics and the Diseases of Women and Children, the former in the College of Physicians, and the latter in the New York Medical College. Dr. George T. Elliott, Jr., has been appointed to the vacancy occasioned by Dr. Gilman's resignation.

Editorial.

THE LATE QUARANTINE AND SANITARY CONVENTION.

We had intended to accompany the report in our last of the doings of this convention at its late meeting, with some editorial remarks, but the crowded state of our columns would not allow of it.

To the medical profession, and to Dr. Wilson Jewell, of this city, more than to any other one man in the profession, is due the credit of originating the movement which has resulted in the organization of the Quarantine and Sanitary Convention, a body which has already given evidence of its ability to consider and act intelligently upon questions relating to the public health. From its very inception, this movement has enlisted the zeal and cooperation of the most prominent and respectable men in professional walks and civil stations, of the principal cities of our seaboard States—the ones principally interested in the questions naturally coming under the notice of such a convention. These conventions have very wisely, we think, been composed of representatives of medical societies and of lay members of the Boards of Health of our towns and cities.

The preliminary convention, which resulted in steps for the permanent organization of a Quarantine and Sanitary convention, met in this city on the 13th of May, 1857, at the call of the Board of Health of this city, and at the suggestion of Dr. Jewell, a member of the Board. At this meeting delegates were present from Massachusetts, Rhode Island, New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, and Louisianna. Dr. Jewell, was chosen President of the convention. Some very important business was presented for the consideration of the convention, particularly in relation to the subject of Quarantine.

The next convention which was appointed to be held in Baltimore, met in that city on the 29th of April, 1858. Delegates were

present from the States represented the preceding year, and from the District of Columbia, South Carolina, and Georgia. Dr. Wm. M. Kemp, of Baltimore, was chosen President. Through the business committee of which Dr. Jewell was chairman, several questions of importance were proposed, and referred to committees to report at the next meeting, which was appointed to be held in New York, on the last Wednesday in April, 1859. The proceedings of this meeting were fully laid before our readers in the REPORTER of the 7th inst. By reference to that report, it will be seen that there was a fair representation of the seaboard States, and that the convention was composed of men of standing and acknowledged ability. Full reports were made by the several committees, and the questions connected with the management of Quarantine which it was supposed would divide the convention, were discussed with temperance and ability, and a remarkably unanimous conclusion arrived at, which is calculated to exert an influence that will greatly mollify the rigors of the Quarantine system. The authorities of the city of New York, with their characteristic liberality have undertaken the expense of publishing the proceedings of the convention, which will therefore speedily be placed in a permanent form before the public. The next convention will meet in Boston.

We regard this movement as one of the most important which has enlisted the attention of our profession, and trust that so far as its members are concerned, there will be no lack of disposition to carry out successfully its objects and aims.

PUBLIC DRINKING FOUNTAINS.

The subject of placing hydrants at accessible places in our thoroughfares, for public use, has been agitated, but has not received the earnest consideration which it deserves.

There could be much argued in favor of the project, in both a hygienic and moral view. Beside the great convenience to the thirsty masses, of having pure cold water always convenient, other salutary influences, in regard to economy, and above all, their temperance agency would make them invaluable.

The city of Liverpool was the first to adopt a general system of public drinking fountains, and their beneficial influence has been so apparent, that other English cities are about to follow the example. In that city there are now forty-five such fountains, at each of which at least one thousand men drink daily. An association has been organized, called the "Metropolitan Free Drinking Fountain Association," who propose to double the number of fountains, to meet the requirements of the people, and it is estimated that ninety-four millions of draughts will be taken from them annually.

The first fountain in London was recently established at private expense, and it is said that four hundred will be required for that city.

Our large American cities have abundant facilities for supplying pure water, and there is no field in which the labors of the philanthropist could be better employed than in securing, through municipal or private aid, a free, ready and convenient means of obtaining it.

THE AMERICAN MEDICAL ASSOCIATION.

The twelfth annual meeting of the Association convened in Louisville on the 3d inst., and continued its session three days. Dr. Henry Miller, of Louisville, was elected President, and Drs. Bemiss, of Louisville, and Eli Ives, of New Haven, were chosen Secretaries. The next meeting is to be held at New Haven, Conn., on the first Tuesday in *June*, 1860.

We expect to present a full report of the proceedings, as also of the proceedings of the Convention of Medical Teachers which met on the 2d inst., in a succeeding number.

☞ We cannot but be struck with the frequency with which we are called upon to record the marriage of subscribers to our journal. The practical inference to be drawn from this interesting fact is, that if any one

wishes to advance his prospects in this direction, his surest way of doing so, is to send in his name, and have it recorded on our books!

N.B.—If any of our readers have had the bait out for some time, without success, we would suggest that the difficulty probably lies in the fact that his own name is not sufficient. Let him then send in another name, and if he is still unsuccessful, *repeat the dose!*

Correspondence.

———, *Cherokee Co., Texas,*
April 18, 1859.

EDS. MED. & SURG. REPORTER,
Philadelphia.

Allow me to propose a rather novel case to you, for your consideration and advice. The case is one of secondary or tertiary syphilis, and of eight or ten years duration. There are no visible nodes, nor eruptions on the skin, and the point of interest to me, is the mode of appearance, which is by an abrasion or ulceration of the mucuous membrane of the glans penis. These ulcerations occur every eight or ten days, and last for a few days, when they heal up, to appear again at some other point. This has been the case for a year or more. The patient has been under treatment at various times, and I presume the disease has been kept in check, but never entirely eradicated.

I commenced with the case about a month since, with sarsaparilla and iodide of potassium, 5 grs. per day, and have increased the dose to 150 grs a day, and still no prospect of a cure.

What will be the effects of the potassium, if administered in much larger doses? It has yet produced no effect on the stomach or bowels.

Any advice from you on the subject will be thankfully received.

Respectfully yours, &c., O.

In answer to our Texas correspondent, we would say that the eruption in question is syphilitic ecthyma, and, as an external manifestation of a constitutional vice, it will be best reached by constitutional remedies. In regard to the possible injurious effects from large doses of the iodide of potash, irritation of the mucous membrane of the stomach and bowels may be considered the most probable, manifested by nausea, vomiting and purging. It is believed, when long continued, to break down the plasticity of the blood, and thus interfere with the general health. Yet it may be administered in very large quantities, and continued for a considerable time, without any bad results being seen, especially when largely diluted. If the dose already given (150 grs. a day) have been productive of no benefit, the indications for its continuance are certainly not very strong. In secondary syphilis, we are in the habit of prescribing the potash in combination with mercury, with very satisfactory results—say 5 grs. of the iodide of potassium and $\frac{1}{12}$ gr. of the bichloride of mercury, in syrup of sarsaparilla, twice daily. If iron be indicated, the syrup of the protiodide, in doses of 12 to 15 drops, three times a day will be a very eligible preparation.

Medical News.

"LE DOCTOR NOIR."

In one of our illustrated papers a few weeks ago, there appeared a portrait of a colored man called Dr. Vries, together with the account of some wonderful cures of cancer said to have been performed by him in Paris, by means of some specific discovered during years of botanical research in Asia. Such an account, apparently well authenticated, necessarily excited much curiosity and joy among the laity, while members of the medical profession, although convinced that a specific remedy for cancer was an unattainable boon, still against their better judgment, believed that the facts might be true, simply because they wished them to be so.

The facts of the case as abridged from *La Presse* a Parisian journal of April 4 and 5, are as follows: A. M. Sax having been declared to have been cured of cancer by M. Vries, by means of a specific known only to himself, the fact obtained a wide-spread notoriety, and the medical faculty of Paris invoked the authority of M. Velpeau to inquire into the actual facts of the case. This celebrated surgeon declared that "without absolutely denying the possibility of a specific remedy for cancer, he did not believe in the efficacy of that of M. Vries, but that he was perfectly willing to have experiments made with it under his own eye."

Sixteen patients suffering with cancer, were then chosen from the wards of the Hospital of La Charité, and M. Vries received an invitation to submit them to his treatment under the surveillance of M. Velpeau and M. Manoc, another surgeon of La Charité. The foreign physician consented to the proposed experiment, but demanded an interval of six months to complete their cure.

Every thing being thus arranged, the trial commenced on the 27th of January, in one of the wards of La Charité, and the medical staff of the ward were requested to follow the prescriptions of M. Vries rigorously, and to aid him in every respect, so as to allow him no pretext for breaking off the treatment once commenced.

The mode of examination adopted by the black physician was unusual, and evinced but little knowledge of the important art of questioning the invalid. With him this important element was reduced to three remarks:

"Show your tongue."

"Do you go to the water closet?"

"Appetite?"

Then without examining the limits or consistence of the cancerous tumor he had to combat, he added:

"Swallow pills, and take no pepper, coffee, mustard or wine."

When he examined a man for the first time M. Vries applied a thermometer to the part, but the heat once determined, it disappeared, and the observation was made once for all.

As for the famous pills which he always administered himself, and allowed no one to touch, some were finally procured and submitted to analysis, when the pretended antidote proved to be nothing more than a mixture of saltpetre and sugar. It certainly was scarcely worth while to go among savages for such innocent drugs.

At length on the 29th of March when but two months of the six demanded for the trial had passed away, M. Velpeau deemed that sufficient time had been allowed to demonstrate the utter uselessness of the boasted remedy. Of the sixteen patients one had died, while in the others the disease was steadily pursuing its fatal course. To push such an experiment further, was to compromise the safety of the patients, and the dignity of our art without benefit to any one.

Of the report read by M. Velpeau before the Academy of Medicine, we shall only extract the following conclusion, that

1. The antidote for cancer is not yet discovered, and that unfortunately there is no illusion possible on the subject.

2. M. Vries has cured no cancers treated by him in our presence.

3. All the cancer patients in our ward are progressing so unfavorably, that several of them must soon succumb.

4. M. Vries has never cured a single cancer.

"The remedies employed by M. Vries are insignificant, and without any action on the economy, and composed of substances which are found in every pharmacopia, and are almost inert. They came from no tropical region, and owe nothing to the vegetation of the Indies. The analysis made by MM. Robin, Mialhe, C. Henry and Regnault, prove it incontestibly."

After showing that M. Vries was devoid of medical knowledge, and ignorant even of the nature of a cancer, M. Velpeau concludes by saying:

"Such is the strict, the sad truth, the unhappy truth, if it must be so; for the existence of such an antidote would be the most desirable boon for the world to acquire; and let his color be what it may, he who will endow medicine with it will deserve the gratitude of the whole of mankind."

Thus have the pretensions of an unblushing pretender to medical skill been unveiled, and his mercenary motives made known to the community. The thanks of the medical world are due to the profession in Paris, for their promptitude in holding up to the view of the whole world a dangerous quack, where victims but for their philanthropy, might have only been equaled by the number of dollars their misfortune might have placed in his purse.

M. J. A.

Punch on Homœopathy.—"An intelligent correspondent entreats *Punch* to study Homœopathy. *Mr. Punch*, in return, implores his intelligent correspondent to study Anatomy, Physiology, and the nature of diseases. He will then see that the rule of healing disease by assisting nature, and removing impediments out of nature's way, is not theory, but ascertained science.

If brevity is the soul of wit, it is also the essence of argument—especially the argument of *Punch*, whose enlightened readers know almost everything, and are bored by discussions which teach them nothing.

No doubt a lady at the top of a house can smell a cigar smoked in the hall. More than

that, a hound can smell the foot-print of a distant fox. But there is no proof that what immediately affects the sense of smell is ponderable matter at all. If it is, it requires nerves of special sense to perceive it, and thus proves the aphorism which *Mr. Punch* proposes to accompany "Like cures Like;" namely, "Infinitesimal Quantities produce Infinitesimal Effects."

Of course no quantity is in strict language infinitesimal; but the word is current. Say Peninfinitesimal, if you like, instead.

It is also very doubtful if the force or influence of contagion is ponderable substance. Suppose it to be so, what infinitesimal globule will produce an effect on the human body so remarkable as scarlet fever?

The circumstances affecting statistics must be stated to make them worth a thought. If a given number of inflammations had to be treated on the old plan of bleeding and drenching, and an equal number homœopathically, *Punch* has little doubt that the disadvantage, in point of recovery, would be greatly on the side of the former, and that this class would show a much superior mortality per cent. A certain number of such diseases will get well if let alone; will not get well if improperly interfered with. *Mr. Punch* believes that homœopathic cures correspond precisely to this number; their treatment, regimen apart, consisting in the administration of next to no medicine at all.

Will homœopathy set to a leg? Will it cure a broken arm? These questions may be absurd; but it is as hard to conceive infinitesimal doses doing these things, as it is to conceive them producing any material effect on the human frame.

Will homœopathic globules make a dry skin perspire; cause a torpid liver to pour out bile, or any inactive gland whatever to secrete; or compel to work any lazy scavenger organs, whose office it is to cast rubbish out of the system? If not, they will not effect the conditions on which the cure of diseases depends, and without which all who know anything of the matter know that it is impossible."

Dr. George B. Wood.—We are sorry to have occasion to announce that this distinguished physician has resigned the posts he has for so many years filled with such signal ability, of Professor of the Theory and Practice of Medicine, in the University of Pennsylvania, and of Physician to the Pennsylvania Hospital. The former resignation takes effect at the close of the next course of lectures; the latter, immediately.

There are few men in this country, who have served their profession as faithfully, honorably, and disinterestedly as Dr. Wood has, and it is not too much to say that the news of his retirement from the active duties of the profession, will be received by his brethren with universal regret.

At a meeting of the Board of Managers of the Pennsylvania Hospital, held on Monday last, Dr. F. G. Smith was elected one of the physicians to the institution, in place of Dr. Wood, resigned. Dr. Smith is a gentleman of high scientific attainment and good practical abilities. The appointment is a judicious one, and well deserved.

Donation.—The surgical instruments and apparatus which belonged to the late Professor T. D. Mütter, have been presented by his widow to the Episcopal Hospital of Philadelphia.

An effort is being made in Dublin to raise funds to erect a suitable memorial to the memory of the great Irish surgeon, Sir Philip Crampton.

Dr. Brown-Séquard, the eminent physiologist, is giving lectures to very large professional audiences in the principal cities of England.

A new hospital has been started at the "West End" of London, called the West of London Hospital.

There is now going up in Twenty-third street, near Sixth avenue, New York, a splendid edifice for the "College of Veterinary Surgeons," which is to cost about $40,000.

MARRIAGES.

BLACKWELL—WATERS—At Millville, N. J., the 28th ult., by Rev. C. S. Downs, Dr. Lewis T. Blackwell, of Pennington, N. J., to Miss Charlotte O. Waters, of Millville.

MILLER—WAGNER—On the 5th inst., by the Rev. Dr. Wheeler, Dr. C. H. Miller to Miss Carrie M., daughter of Geo. Wagner, both of this city.

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	"13, " 16 1 oz Ground Stopper Bottles,	8 50
A.	"13, " 20 1 oz. Fluted Vials,	7 75

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REFERENCES.

George W. Norris, M. D., Surgeon to the Pennsylvania Hospital.
Henry H. Smith, M. D., Professor of Surgery, University of Pennsylvania.
H. L. Hodge, M. D., Professor of Obstetrics, University of Pennsylvania.
Samuel D. Gross, M. D., Professor of Surgery, Jefferson Medical College.
Joseph Pancoast, M. D., Professor of Anatomy, Jefferson Medical College.
S. Littell, M. D., Surgeon Will's Hospital.
E. Hartshorne, M. D., " "
A. Hewson, M. D., " "
D. Hayes Agnew, M. D., Surgeon to Philadelphia Hospital.
R. J. Levis, M. D. " " "
Isaac Hays, M. D.
P. B. Goddard, M. D. 118